



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

Board of Registration in Pharmacy
239 Causeway Street, 5th Floor, Boston, MA 02114
617-727-9953 (office) 617-727-2366 (fax)
www.mass.gov/reg/boards/ph

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
RONALD PRESTON
SECRETARY
CHRISTINE C. FERGUSON
COMMISSIONER

APPLICATION FOR MASS. CONTROLLED SUBSTANCE REGISTRATION
FEE: \$151.00

BOARD USE ONLY	
Board	_____
License #	_____
Type	_____
Cash #	_____
Cash Date	_____

Cash _____ Check _____
No. _____ Date _____ M.O. _____

BOARD USE ONLY		
Status Code	Issue Date	Lic. Exp. Date

Please do not write above this line

I here apply for Registration under Mass. Controlled Substances Act-M.G.L. 94C Section 7.

Applicant Name (corporation) _____

Business Address _____
(No. and Street)

(City or Town) (State) (Zip Code)

Registration Classification:

(a) _____ Retail Drug Store (b) _____ Wholesale/Mfg/Dist.

(c) _____ Hospital/Clinic/Inst. (d) _____ Nuclear

FEIN # _____

Drug Schedule

Schedule II Schedule III () Schedule IV () Schedule V () Schedule VI
() Non-Narcotic () Non-Narcotic
() Narcotic () Narcotic

Current drugstore permit No. _____ Current Wholesale Druggist License No. _____

Signature of Applicant _____
(Owner of facility must sign application)

Please submit check or money order for \$151.00 payable to the Commonwealth of Massachusetts.

WARNING:

In accordance with Chapter 94 M.G.L. Sec 13, the Board of Registration in Pharmacy in the case of a retail drug business or wholesale druggist, may suspend or revoke a registration to manufacture, distribute, dispense or possess a controlled substance after a hearing pursuant to the provisions of Chapter 34A and upon finding that the registrant has furnished false or fraudulent information in any application filed under the provisions of Chapter 94C.